

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90051 029 ****61.25

DOCUMENT # N17069 1. Entity Name FOSTER & ADOPTIVE PARENT ASSOCIATION OF PALM BEACH COUNTY, INC.					
Principal Place of Business 3405 FOREST HILL BLVD WEST PALM BEACH, FL 33406 US			Mailing Address 3405 FOREST HILL BLVD WEST PALM BEACH, FL 33406 US		
2. Principal Place of Business - No P.O. Box # 4100 Okeechobee Blvd		3. Mailing Address 4100 Okeechobee Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 59-2725289	
Zip 33409		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRANK, JULIANNE R 11380 PROSPERITY FARMS RD. #114 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Beverly Marinero</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1-10-08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINARO, BEVERLY 5215 GREENWOOD DRIVE DELRAY BEACH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Dorothy Alvarez 5466 Emerald Dunes Dr #205 West Palm Beach, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD ZACCHARIA, HYMAN 3405 FOREST HILL BLVD WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Mena Odum 424 Wesco Drive Lantana, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD PELLETIER, BRENDA 18269 91ST PLACE NORTH LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD COX, BARBARA 5938 BARBADOS WAY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JACOBS, ANGELA 5243 EADIE PLACE WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rod Filasky 1201 US 1 Ste 202 North Palm Beach, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Beverly Marinero</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-10-08 5614417137 <small>Date Daytime Phone #</small>		